

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET						SERIAL NO.	FILING DATE				
						APPLICANT(S)					
CLAIMS											
	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT						
	IND	DEP	IND	DEP	IND	DEP		IND	DEP	IND	DEP
1							51				
2		1					52				
3							53				
4							54				
5		1					55				
6							56				
7							57				
8							58				
9							59				
10							60				
11							61				
12		1					62				
13							63				
14							64				
15							65				
16							66				
17							67				
18							68				
19							69				
20							70				
21							71				
22	1						72				
23							73				
24							74				
25							75				
26							76				
27							77				
28	1						78				
29							79				
30		1					80				
31							81				
32		1					82				
33	1						83				
34							84				
35		1					85				
36							86				
37		1					87				
38		5					88				
39		5					89				
40		3					90				
41							91				
42							92				
43							93				
44							94				
45							95				
46							96				
47							97				
48							98				
49							99				
50							100				
TOTAL IND.	5						TOTAL IND.				
TOTAL DEP.	47						TOTAL DEP.				
TOTAL CLAIMS	52						TOTAL CLAIMS				